


Please refer to Section V. Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).		Notification of Regulated Waste Activity  United States Environmental Protection Agency		Date Received (For Official Use Only) APR 16 2001	
I. Installation's EPA ID Number (Mark 'X' in the appropriate box)					
<input checked="" type="checkbox"/> A. Initial Notification		<input type="checkbox"/> B. Subsequent Notification (Complete item C)		C. Installation's EPA ID Number - REGION 5 ILR000105114	
II. Name of Installation (Include company and specific site name) I M RAIL LINK ROCKFORD RELOA					
III. Location of Installation (Physical address not P.O. Box or Route Number)					
Street 615 SOUTH MAIN					
Street (Continued)					
City or Town ROCKFORD				State IL	Zip Code 61101
County Code 201		County Name WINNEBAGO			
IV. Installation Mailing Address (See instructions)					
Street or P.O. Box SAME					
City or Town				State	Zip Code
V. Installation Contact (Person to be contacted regarding waste activities at site)					
Name (Last) CHUNG			Name (First) ANGELINE		
Job Title MAR-ENVIRONMENT			Phone Number (Area Code and Number) 319-344-7637		
VI. Installation Contact Address (See instructions)					
A. Contact Address Location <input type="checkbox"/>		B. Street or P.O. Box 1910 EAST KIMBERLY RD			
City or Town DAVENPORT		State IA		Zip Code 52007-	
VII. Ownership (See instructions)					
A. Name of Installation's Legal Owner I M RAIL LINK LLC					
Street, P.O. Box, or Route Number 1910 EAST KIMBERLY RD					
City or Town DAVENPORT		State IA		Zip Code 52007-	
Phone Number (Area Code and Number) 319-344-7600		B. Land Type A	C. Owner Type A	D. Change of Owner Indicator Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Date Changed Month Day Year	

ILR000105114 N

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

A. Hazardous Waste Activities

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.
4. Exempt Boiler and/or Industrial Furnace
- ☐ a. Smelting, Melting, and Refining Furnace Exemption
- ☐ b. Small Quantity On-Site Burner Exemption
- ☐ 5. Underground Injection Control

C. Used Oil Management Activities

1. Used Oil Transporter/Transfer Facility - Indicate Type(s) of Activity(ies)
- ☒ a. Transporter
- ☒ b. Transfer Facility
2. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Processor
- ☐ b. Re-refiner
- ☐ 3. Off-Specification Used Oil Burner
4. Used Oil Fuel Marketer
- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

B. Universal Waste Activity

- ☐ Large Quantity Handler of Universal Waste

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

B. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24; See instructions if you need to list more than 4 toxicity characteristic waste codes.)

(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))

1. Ignitable (D001) ☐
2. Corrosive (D002) ☐
3. Reactive (D003) ☐
4. Toxicity Characteristic ☐

1	2	3	4

C. Other Wastes. (State-regulated or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

A. Chung

Name and Official Title (Type or print)

ANGELINE CHUNG
MANAGER - ENVIRONMENTAL

Date Signed

4/11/01

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section IV of the booklet for addresses.)



April 11, 2001

U. S. EPA Region 5
RCRA Activities
77 W. Jackson Blvd.
P. O. Box A3587
Chicago, IL 60690

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PROGRAM MANAGEMENT BRANCH
Waste, Pesticides & Toxics Division
U.S. EPA - REGION 5

I & M RAIL LINK, LLC
1910 EAST KIMBERLY ROAD
DAVENPORT, IOWA 52807-2033
(319) 344-7600
(319) 344-7700 FAX

RE: Application for an EPA ID Number, I & M Rail Link Rockford Reload Center, Rockford, IL

To whom it may concern:

Enclosed is our application for an EPA ID Number for the above-referenced facility in Rockford, IL.

I would like to request that this application be expedited, if at all possible.

Thank you for your consideration.

Yours truly,

Angeline G. Chung
Manager - Engineering Safety & Environmental

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Waste, Pesticides & Toxics Division
U. S. EPA - REGION 5



Handler Confirmation Screen



i & m rail lik rockford reload rockford

ILR000105114

Last Updated By: CVK

Last Updated On: 4/17/2001 3:29:23 PM

The following information was processed:

General Information:

Source	Received Date	Non-notifier	Extract Flag	Acknowledgement Flag	Acknowledgement Date
N	04/17/2001		X		

III. Location of Installation (Physical address not P.O. Box or Route)

Number:	Street1:	Street2:	City:	State:	Zip code:	County:	State District:
	615 s main		rockford	IL	61101	WINNEBAGO	

IV. Installation Mailing address

Number:	Street1:	Street2:	City:	State:	Zip code:
	615 s main		rockford	IL	61101

V. Installation Contact (Person to be contacted regarding waste activities at site):

First Name:	Last Name:	Job Title:	Phone Number:
angelina	chung	mgr	3193447637

VI. Installation Contact Address:

Street1/P.O. Box:	Street2/P.O. Box:	City:	State:	Zip code:
1910 e kimberly rd		davenport	IA	52807

VII. Ownership:

Owner No.:	Name of Legal Owner:	Street1 or P.O. Box:	Street2 or P.O. Box:	City:	State:	Zip code:	Phone Number:	Land Type:	Owner Type:	Change Date:
	i & m rail line llc	1910 e kimberly rd		davenport	IA	52807	3193447600	P	P	

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Waste, Pesticides & Toxics Division
U. S. EPA—REGION 5

VIII. Type of Federal Regulated Waste Activity:					
A. Hazardous Waste Activity					
	Type	Federally Regulated	Federal Description	State Regulated	State Description
Generator					
Transporter					
Mode of Transportation	Air	Rail	Highway	Water	Other
Treater, Storer, Disposer					
Hazardous Waste Fuel					
Other Activity(ies)		Underground Injection Control			
B. Universal Waste Activity:					
C. Used Oil Management Activities:	X	R			
1. Used Oil Fuel Marketer					
		Marketer Directs Shipment of Used Oil to Off-Specification Burner			
		Marketer Who First Claims the Used Oil Meets the Specifications			
2. Used Oil Transporter Activity	B				
3. Used Oil Processor/Re-refiner Activity					
4. Off-Specification Used Oil Burner					

Type D	Type F	Type K	Type P	Type U	Type X
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X. Comments:

Continue

URL: /Handler/Hand_Notif_addupd_rtn.asp

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